

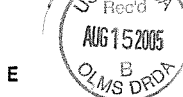
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
N 1215-0188
Ex i s 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6709</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>PETER</u> <u>F</u> <u>DIAZ</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4147 22ND AVE SW</u> City <u>SEATTLE</u> State <u>WASH.</u> ZIP Code + 4 <u>98106</u>	4. Name, file number, and address of labor organization. Name <u>UFCW LOCAL 1001</u> Labor Organization File Number <u>066-649</u> P.O. Box, Building and Room Number, if any <u>12838</u> Street <u>SE 40TH ST.</u> City <u>BELLEVUE</u> State <u>WASH</u> ZIP Code + 4 <u>98006-1283</u>
5. Position in labor organization. <u>ORGANIZING DIRECTOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/2/05
Date

425-649-7596
Telephone Number

Name of Person Filing <u>PETER DIAZ</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name RETAIL DRUG EMPLOYEES WELFARE AND PENSION TRUST

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any PO BOX 34203

Street _____

City SEATTLE

State WASHINGTON ZIP Code + 4 98124-1203

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

THE TRUST FUNDS ARE TAFT-HARTLEY EMPLOYEE BENEFIT FUNDS THAT PROVIDE FRINGE BENEFITS COVERAGE TO EMPLOYEES REPRESENTED BY THE UNION (AND TO EMPLOYEES OF THE UNION). THE UNION IS ONE OF THE SETTLORS OF THE FUNDS, AND MAKES HOURLY CONTRIBUTIONS TO THE FUNDS ON BEHALF OF ITS OWN EMPLOYEES.

11.b. Approximate dollar value of such dealing.

\$268,604.30

12.a. Nature of interest held or income received.

1. IN KIND PAYMENT OF FOOD + BEVERAGE AT TRUST MEETING 6/04

2. REIMBURSEMENT FOR EXPENSES INCURRED WHILE ATTENDING THE INTERNATIONAL BENEFITS FOUNDATION TRUSTEE TRAINING, 12/1/04 - 12/5/04

12.b. Amount.

12.a.1. \$55.41

12.a.2. \$1,438.71

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.